

Transforming Behavioral Health Services within the Idaho Juvenile Justice System



Locally Managed Care ~
Statewide Accountability

IDJC

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The Idaho juvenile justice system serves over 6,000 youth annually. Over 96% of those youth are served at the county level. Increasingly, juveniles who enter the justice system have specialized mental health and/or substance abuse needs. Frequently, juvenile justice clients and their families have histories of services offered by other state social service agencies.

The purpose of this document is to describe how efforts to integrate behavioral health services within the juvenile justice system reflect and are supported by national advances in the field of behavioral health. The purpose is also to describe the current and future structures proposed to better coordinate the delivery of behavioral health services to Idaho citizens involved in juvenile justice.

The essence of transformation is the elimination of administrative and other barriers to the delivery of comprehensive behavioral health services to Idaho citizens in need.

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I// WHY IS BEHAVIORAL HEALTH TRANSFORMATION IMPORTANT?

(Information and data from SAMHSA Strategic Initiatives)

Substance use disorders, poor emotional health and mental illnesses take a toll on individuals, families, and communities in Idaho. Like physical illnesses, they cost money and lives if they are not prevented, if they are left untreated, or if they are poorly managed.

- ➔ One-half of U.S. adults will develop at least one mental illness in their lifetime
- ➔ By 2020, mental & substance use disorders will surpass all physical diseases as a major cause of disability worldwide
- ➔ In the U.S. in 2006, mental & substance use disorders were the 3rd most costly health condition behind heart conditions and injury related disorders
- ➔ Adverse childhood experiences such as physical, emotional, and sexual abuse, as well as family dysfunction are often associated with mental illness, suicidality, substance abuse, and physical illnesses that carry over into adulthood
- ➔ Childhood trauma is extensive: more than 6 out of 10 youth in the U.S. have been exposed to violence within the past 12 months and 1 in 10 was injured
- ➔ Economic costs of mental, emotional and behavioral disorders among youth is approximately \$247 billion annually

National health care reform will support and help to drive the transformation of mental health and substance use disorder services into an integrated behavioral health system.

Idaho stakeholders support a transformed system of care that builds upon and supports locally managed behavioral health services.

Idaho's courts and the departments of Health and Welfare, Correction and Juvenile Corrections have acted together to improve integration of behavioral health services and they continue to work with counties to strengthen opportunities for locally managed care.

National Data & Response: Trauma and Justice

SAMHSA has established a broad strategy for addressing the issues identified above. That strategy includes a specific initiative related to trauma and justice in its strategic plan. The SAMHSA trauma and justice initiative also considers that:

- ➔ Two million youth aged 12 to 17 had a major depressive episode during the past year;
- ➔ In 2009, an estimated 23.5 million Americans aged 12 and older needed treatment for substance use; and
- ➔ Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.

Trauma and Justice—Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems. *SAMHSA 2011*

(Discussion from SAMHSA)

Traumatic victimization that remains unaddressed significantly increases the risk of mental and substance use disorders, chronic physical diseases, and early death.

Traumatic victimization often results in negative behaviors that bring both youth and adults into the criminal justice system.

Studies of people in jail and prison reveal high rates of mental and substance use disorders and personal histories of trauma. Preventing trauma and providing community services to manage the impact of that trauma on daily lives are promising avenues for reducing criminal justice involvement for adults and juveniles.

SAMHSA National Strategies

SAMHSA established the objectives and targets below related to the initiative on trauma and justice. Idaho's juvenile justice system has responded to the challenge to transform behavioral health consistent with these objectives.

Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems. *SAMHSA 2011*

Expand alternative responses and/or diversion for people with behavioral health problems and trauma histories within the criminal and juvenile justice system

Support State planning efforts so that substance abuse, mental health and criminal justice planning are coordinated

Support training for justice and other human service professionals about behavioral health, trauma, and about the community context of crime to inform early intervention, and to improve justice system approaches to serving transition age youth with mental and substance use disorders within the community

Improve the availability of trauma-informed care, screening and treatment in criminal and juvenile justice systems.

Improve coordination of behavioral health services for persons reentering the community from jail or prison.

Decrease the percentage of individuals with mental and substance use disorders involved in the criminal justice system.

Idaho Juvenile Justice Clients and Behavioral Health Needs

The data from Idaho's juvenile justice system is entirely consistent with national trends. In the five years from 2005 to 2010, across all age groups of juveniles committed to IDJC, the percentage of juveniles identified as needing mental health, substance abuse or co-occurring treatment has increased by 20% to 30%.

At the county level clinicians have been providing screening services to identify juveniles with potential mental or substance use disorder needs for over four years. Data from the most recent project evaluation completed by the Boise State University Center for Health Policy reveals that over 58% of juveniles screened met the Alaska Screening Tool criteria for having a mental health problem. For young women screened the percentage was almost 67% meeting those same criteria.

Over 42% of juveniles screened met criteria for a substance use disorder.

The interdependence of juvenile justice and children's social services is further reflected by the fact that 50% of juveniles committed to

IDJC at age 14 and under have histories of children's mental health involvement; almost 70% have histories of abuse; and over 60% have been placed previously outside of their own homes. This same data for older juveniles committed to IDJC falls within the 40% range.

That juveniles served in the state's justice system demonstrate these high levels of need beyond dealing with their delinquency has implications for the safety of Idaho communities, for families and staff and also for other juveniles. Maintaining the ability to serve these juveniles as much as possible in the community is critical to successful treatment; is important in managing population numbers and costs; and is just as importantly necessary to minimize the liability associated with threats to the safety of staff and juveniles.

Percent Mental Health Needs
among 2010 Commitments

Age 14 & under: 89%

Age 15 to 17.5: 74%

Age 17.5 and older: 62%

Behavioral Health Consumers

In 2005 SAMHSA initiated a dialog between consumers and representatives of the mental health and criminal justice systems about factors that promote or that hinder recovery from mental or substance use disorders. More recently the Idaho Behavioral Health Transformation Workgroup met with stakeholders around Idaho to gather

information about services in this state. The results of that dialog have helped to inform behavioral health transformation in Idaho's juvenile justice system and for all of the cooperative's partners. Some key points related to justice practice are cited below.

Factors that Promote Recovery *SAMHSA 2005 and Idaho Stakeholders*

Providing a full range of services for consumers, such as prevention, diversion from incarceration, treatment, and community reintegration

Integration of mental health, substance abuse and physical health and emphasizes prevention: High quality services available in rural areas regardless of ability to pay

Collaborative, comprehensive pretrial services to avert incarceration and/or facilitate reintegration;

Develop connections between systems and focus on service transitions

Routine screening and services related to persons' trauma histories;

Service screening easily accessible; Built around client needs; Integrated across age and location; provides vital lifelines and stability for those in crisis

Focus on the needs and contributions of families of persons who are incarcerated and provide trauma-related services.

Maximize family, friends, and community resources to support client change

Recognition of the role of faith and/or spirituality in recovery;

Flexibility to meet regional needs, building on regional strengths; Innovative ideas supported; Promotes influence on decisions up and down the system

Mental health and justice systems reflect recognition of the cost effectiveness of prevention and treatment compared with incarceration;

Regional budget and make decisions accordingly

Funded in a way that allows reinvestment of savings

Factors that Hinder Recovery

SAMHSA 2005

- Fragmentation of the mental health system;
- Limited access to services in rural (and other) areas;
- A “revolving door” process in mental hospitals, with discharge unrelated to readiness to live in the community;
- Treatment and other services by mental health and/or substance use providers denied for persons with co-occurring disorders;
- Facilities’ insufficient resources to provide proper mental health assessment and services;
- Overrepresentation of minorities in jails and prisons;
- The absence of linguistic and other aspects of cultural competence in prisons and jails;
- Conflicting priorities between public safety and public health, favoring security over health concerns;
- Seclusion and restraint and other traumatizing (and re-traumatizing) practices;
- Incarceration of persons with mental and behavioral disorders, making secondary victims of children and other family members.

II/ IDAHO’S JUVENILE JUSTICE SYSTEM: FOUNDATIONS

The Juvenile Corrections Act

In 1995 the Juvenile Corrections Act significantly changed Idaho's approach to juvenile justice. The Act creates a new set of purposes for the system—to improve balanced attention to the protection of the community, the insurance of accountability for offenses committed, and the development of competencies to enable juvenile offenders to become responsible and productive members of the community. The Balanced Approach also becomes a true “community justice” strategy when communities become actively involved in developing the solutions to address juvenile crime.

The Chinn Report

In 1998 the department contracted with Chinn Planning to complete an assessment of the design and structure of the entire juvenile justice system, looking ahead to future capacity needs. Two of the recommendations in that report speak directly to behavioral health structure and needs.

- The system should expand access to community-based, in-patient and out-patient substance abuse treatment programs using providers and administered by coalitions of counties at the district level.
- The department should coordinate with local service providers in the region to enhance coordination of mental health, substance abuse and sex offender treatment, developing joint funding mechanisms to maximize services.

Idaho Criminal Justice Needs Assessment March 2012

The Idaho State Police (ISP) Planning, Grants, and Research (PG&R) department and the Idaho Grant Review Council, which was established under the Idaho Criminal Justice Commission created a Needs Assessment Survey which was sent to criminal justice practitioners throughout Idaho. Their report published in March of 2012 includes the following findings.

“Overall, criminal justice professionals and community leaders considered the following programs to be their highest priorities: juvenile treatment and prevention programs for

drug /alcohol abuse, specialty courts, mental health treatment programs, faith based treatment programs, treatment programs that integrate the whole family, and education programs such as vocational rehab and life skills classes.”

III// FUTURE: JUVENILE JUSTICE BEHAVIORAL HEALTH SERVICES

Vision for Behavioral Health Services

The lasting impact of juvenile crime in Idaho will be reduced by working with communities to provide juveniles and their families with access to appropriate mental health and substance use disorder services that are coordinated, effective, accountable, and focused on recovery.

Goals for the Service Delivery

- ➔ Increase the availability of and access to quality services provided by appropriately credentialed providers;
- ➔ Establish a service delivery system with clear responsibilities and with effective collaboration among agencies serving juveniles and families;
- ➔ Efficiently plan for and utilize existing and future resources;
- ➔ Create a service delivery system that builds upon the strengths of existing state and local partnerships and that maximizes the advantages of serving juveniles in their home communities whenever possible;
- ➔ Increase accountability for services and for funding by 1) Annually gathering and reporting on justice and treatment outcomes; and 2) Reporting on elements of cost that suggest the most efficient levels and timeframes for service.
- ➔ Continually seek and consider input from stakeholders and consumers.

IV// BEHAVIORAL HEALTH SERVICES IN STATE INSTITUTIONS

Behavioral health services provided directly to juveniles and families by the Idaho Department of Juvenile Corrections, are primarily provided within or associated with the three state juvenile corrections facilities at Lewiston, Nampa and St. Anthony. These services include group, individual and family interventions focused on reducing criminogenic risk factors and they also include specific interventions related to

contributing behavioral health needs such as mental health conditions and substance use disorders. These services are provided by licensed and/or certified staff.

IDJC staff coordinate with juvenile probation officers to develop reintegration plans that coordinate after care services in the community for juveniles as they leave state's custody. Based on the individual needs of each case, staff identify the resources available through behavioral health partners to meet these needs. A seamless transition into community-based services is critical to the long term success of these youth.

V// BEHAVIORAL HEALTH SERVICES IN THE COMMUNITY

Creating a Foundation of Partnerships

Partnerships characterize Idaho's juvenile justice system. In Idaho's juvenile justice system the state and counties perform separate, but equally important functions. About 96% of juveniles involved in the juvenile justice system are handled at the county level, through county probation departments and through county detention centers.

Only the most seriously delinquent juveniles are committed to the custody of the Idaho Department of Juvenile Corrections. Programs that have been demonstrated to reduce the risk of recidivism, such as victim-offender mediation, family group conferencing and a variety of cognitive behavioral treatment strategies have been implemented in Idaho with support from the state's judiciary; with commitment by county and state departments; with support from Idaho's Juvenile Justice Commission, from state and private service providers, and with the support of the Governor and State Legislature. Without this level of



commitment and support for programs in Idaho's communities, the numbers of juveniles committed to the department would be significantly higher. Without this level of support more juveniles would have to be treated farther away from their homes and they would be treated less effectively than in the community.

Service Delivery through Locally Managed Care

The Idaho Department of Juvenile Corrections believes that we best promote effective integration of behavioral health services within the juvenile justice system by removing barriers to collaboration among state, county and private providers on individual cases. Administrative structures developed to facilitate this collaboration, and that have proven effective in many cases are authorized in the Juvenile Corrections Act I.C. 20-523 and include the Juvenile Justice SUD Delivery System, Rule 19 screenings and 20-511 A staffings as mandated by the court.

Fortunately similar case collaboration takes place in many cases without the need of formally sanctioned proceedings.

Regional Structure for Behavioral Health Services in Juvenile Justice

Juvenile Probation Officers manage justice-involved juveniles based on conditions ordered by the court. Substance abuse and co-occurring mental health and other behavioral health issues are significant risk factors for criminal behavior and recidivism. Integrating treatment as ordered by the court with other conditions of probation creates the best opportunity for successful rehabilitation of the juvenile.

The new locally managed Juvenile Justice SUD Services Delivery System as well as the availability of community-based mental health treatment funds provides the opportunity to fully integrate treatment and supervision to better serve the justice-involved juveniles.

For several years the department has supported and funded regionally managed behavioral health services through administration of the Community Incentive Project, Re-entry Project and through administration of mental health funds made available to counties. Access to these funds by counties is handled by application to the department on a case by case basis. The department, in partnership with counties and the Idaho Department of Health and Welfare, also supports behavioral health services at the county level through support of the Detention Clinician Project.

Administration of Substance Use Disorder Services funds is managed by the department by allocating spending authority to each county and district for a specific amount of the available funds based upon youth population.

Passing these funds through to counties, whether allocated on a case by case basis or administered locally through district wide boards provides for timely and appropriate treatment and support services for juveniles not committed to the department. Providing appropriate services in the community has been established in research nationally as the best opportunity to ensure the safety of the community and to avoid the impacts of commitment to state custody. Juveniles who qualify may receive support for services from several of these sources of behavioral health funding at the community level.

Funding Administered by IDJC for Community-based Treatment

For state fiscal year 2012 IDJC passed through or otherwise allocated \$13,225,200 to counties to support local JJ programming. In addition \$3,470,596 was allocated to support SUD treatment services at the community level. This amount is approximately 33% of the total IDJC annual budget.

Statewide Accountability: IDJC provides oversight and reporting for the appropriation. By careful review of each invoice and statewide management of authorized clients, IDJC can report regularly to the district teams on expenditures and clients in treatment. In addition, solid system evaluation will be possible with this comprehensive data.

Some data representing elements of pass through funds supporting behavioral health services in IDJC are reported below.

Mental Health Program (MHP)

The overall goal of this program is to provide mental health services for juvenile offenders (on county juvenile probation) who have been diagnosed with a mental illness. Each year \$549,900 in general funds is received to support this important program. So far in FY 2012, 65 juveniles received services.

In FY2011, 40 juveniles who received MHP funding completed treatment, 72% completed treatment successfully. Nine juveniles were committed to IDJC, one juvenile transferred to Adult Misdemeanor Probation.

Re-Entry Program (REP)

The overall goal of this program is to provide services for juvenile offenders who are re-entering the community from state commitment. In FY2011, \$90,497 in Federal funds was used to support this important program. So far in FY 2012, 37 juveniles received services

In FY2011, 63 juveniles received REP funding FY2011, of those that have completed treatment, 63% completed treatment successfully. Two juveniles moved out-of-state, one juvenile was recommitted to IDJC, one juvenile went to jail.

Community Incentive Program (CIP)

The overall goal of this program is to provide services for juvenile offenders (on county juvenile probation) who are at a risk of being committed to state custody. Each year \$100,000 in general funds is received to support this important program. So far in FY 2012, 57 juveniles received services.

In FY 2011, 45 juveniles received CIP funding, of those that have completed treatment, 93% completed treatment successfully. One juvenile was committed to IDJC, one juvenile went to jail, and one juvenile left the state.

Substance Use Disorder Services System

Upon receiving the appropriation for FY2012, IDJC developed a locally managed system with statewide accountability. The system engages the courts and local probation officers to maximize success. IDJC monitors clients in treatment and manages the funds. In FY2012, \$4,032,000 was appropriated for this new program and the same level of funding was received for FY2013.

Since July 1, 2011, 104 juveniles have completed treatment successfully. Each of these cases will be evaluated to monitor relapse and recidivism rates and to identify the elements of success. The information is critical to understanding the return on the state's investment.

VI// INTEGRATION WITH BEHAVIORAL HEALTH PARTNERS

Community-based Behavioral Health Services: The juvenile justice system utilizes providers approved and licensed by the Idaho Department of Health and Welfare. Behavioral health providers in the community may be supported by federal, state, county or private funds. These providers offer a wide range of services to families and to juveniles to support their ability to remain in their communities while dealing with their behavioral health and juvenile justice needs. Services offered by community behavioral health providers are most often integrated into court authorized plans for probation supervision or operate as a support for juveniles and families not yet formally involved in the juvenile justice system. Many services and programs operate as a function of the county juvenile justice agency.

VI// FUTURE EFFORTS FOR THE JJ BEHAVIORAL HEALTH SYSTEM

State level management of behavioral health services provided within the juvenile justice system must:

- ❖ Utilize the management and decision making structures already in place to support SUD services within the juvenile justice system as a pilot for other funds
- ❖ Include county juvenile justice on the established state and district behavioral health planning groups
- ❖ Establish a management services contract that focuses on maintaining and developing the provider network, including comprehensive quality assurance activities
- ❖ Implement the WITS System for all intake, authorization and payment processes
- ❖ Support and encourage opportunities for comprehensive behavioral health service planning involving all of the state behavioral health and local partners
- ❖ Identify and promote opportunities for behavioral health pilot projects that utilize a local management decision making structure